

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CHILD CARE HOME PROVIDER APPLICATION – FY 2008**

Provider's Name: _____ Name of Sponsoring Organization & Address _____
S.S.# _____ DOB _____ Phone# _____
Address: _____
City/Zip: _____
Substitute Caregiver Name _____

Provider Information

School District: _____ Assigned Elementary School: _____

Hours open for care: From _____ To _____ Provider claims own children? Yes _____ No _____

Days child care provided (please circle) **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Holiday care: Yes _____ No _____. Age of youngest child in care: _____ oldest child: _____

	# Shifts	Start	End	# Shifts	Start	End
Meals that are claimed and times served:	Breakfast	<input type="radio"/> Time: _____ to _____		AM Snack	<input type="radio"/> Time: _____ to _____	
	Lunch	<input type="radio"/> Time: _____ to _____		PM Snack	<input type="radio"/> Time: _____ to _____	
	Supper	<input type="radio"/> Time: _____ to _____		Evening Snack	<input type="radio"/> Time: _____ to _____	

Home is: ☐ **DES certified** ☐ **DHS certified** ☐ **Military certified** ☐ **Tribal certified** ☐ **Alternate Approved** ☐

Number of children approved for child care: _____

If previously participated in CACFP please explain, include name of prior sponsoring organization: _____

Provider Fingerprint Eligibility Card # (after 8/16/99) _____	Expiration date _____
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Substitute Caregiver Fingerprint Eligibility Card # (after 8/16/99) _____	Expiration date _____
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Sec. 1211(b) of the Tax Reform Act of 1976 (Sec. 205(c)(2)(C)(i)) of the Social Security Act, 42 U.S.C. Sec. 405(c)(2)(C)(i) allows the Arizona Department of Education to obtain your social security number. Your social security number will be used solely by the Arizona Department of Education to verify program participation.

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Arizona Department of Education officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Date

Signature of Provider